

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

CRIMINAL #04-10384-PBS

---

UNITED STATES

v.

DANIEL KAMEN

---

**DEFENDANT'S MOTION TO CONTINUE TRIAL DATE**

Daniel Kamen, defendant in the above-captioned case, hereby moves this Court, pursuant to Local Rule 40.3, to continue the trial from its current start date of September 18, 2006, to December 11, 2006, or to some later date that is convenient to the Court. As grounds for this motion, the defendant states that a material defense witness must be out of state during the week of September 18, 2006. The witness will be available to testify from December 11<sup>th</sup> on. The defendant further states as follows:

1. The defense has identified Urologist Irwin Goldstein, M.D., as a material witness. Dr. Goldstein treated Mr. Kamen for persistent erectile dysfunction in 2004. Mr. Kamen presented to Dr. Goldstein in January 2004 with curvature of the penis and flaccidity that had continued since his early adolescence despite surgery in 1996. Dr. Goldstein examined Mr. Kamen numerous times and made several recommendations, including psychological counseling and surgery. Dr. Goldstein also recommended in November 2004 that Mr. Kamen “procure some pornographic material, such as at ‘Grand Openings’ in Brookline to aid him in starting to masturbate and gain self confidence and erectile function.” (*See Treatment Records, attached*). Mr. Kamen was arrested for receipt of child

pornography in December 2004.

2. Dr. Goldstein's testimony regarding the course of treatment and the recommendation to procure pornography will be critical to the defense, as it helps to explain the factual circumstances of Mr. Kamen's alleged receipt of obscene material.

3. Dr. Goldstein has advised undersigned counsel that he will be lecturing in California from Monday, September 18, 2006, through Friday, September 22, 2006. He then flies to Italy for a conference and lecture tour the following week, beginning September 25, 2006. These are commitments that cannot be modified. In reviewing his schedule, it is apparent that Dr. Goldstein cannot be dependably available for several months. Dr. Goldstein advises that he will be available to testify from and after December 11, 2006.

4. The defendant's medical history is as follows. He was born on March 1, 1980. His pediatrician, Dr. Daniel Palant, noted that Daniel had congenital problems with his penis in 1993, at age 13. Dr. Palant referred Daniel to the Chief of Urology at Children's Hospital, Dr. Alan B. Retik, at that time. Dr. Retik examined Daniel and recommended that corrective surgery be delayed until age 16 or 17. Dr. Retik in fact performed surgery in October 1996 to correct a condition known as "ventral curvature." The initial success of the surgery abated over time, and Daniel continued to suffer from erectile dysfunction.

5. In early 2004, Daniel was referred to Dr. Irwin Goldstein, a urologist at the Center for Sexual Medicine at the Boston University School of Medicine. The Center for Sexual Medicine was intended to address both physical and psychological issues associated with sexual dysfunction. Dr. Goldstein performed surgery on Daniel on April 24, 2004 to correct erectile dysfunction and penile curvature. While the surgery was successful, Daniel had difficulty forming a relationship with

other people. Daniel was seen over the course of the year at the Center by Dr. Goldstein and others. Dr. Goldstein and his staff tried to help Dan become sexually active. In that context they recommended that Dan obtain pornography and use it to masturbate.

6. Psychologically, Dan has been diagnosed with Pervasive Development Disorders. That diagnosis covers a spectrum of conditions, including Asperger's Syndrome, with which Dan has been diagnosed. These conditions are characterized by the poor development of social skills and social connections.

Respectfully submitted,  
**DANIEL KAMEN**  
By his attorneys,

/s/ Charles W. Rankin

---

Charles W. Rankin, BBO #411780  
Jonathan Harwell, BBO #662764  
Michelle Menken, BBO #644537  
Rankin & Sultan  
151 Merrimac Street  
Boston, MA 02114  
(617) 720-0011

#### **CERTIFICATE OF SERVICE**

I hereby certify that this document filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) on September 8, 2006.

/s/ Charles W. Rankin

---

Charles W. Rankin



## Boston University School of Medicine

January 15, 2004

**Re: Daniel Kamen**  
**99 Burlington Street**  
**Lexington, MA 02420**

## Center for Sexual Medicine

Doctors Office Building  
 720 Harrison Avenue  
 Suite 600  
 Boston, Massachusetts  
 02118-2334  
 Tel: 617 638-8576  
 Fax: 617 638-8960

To Whom It May Concern:

Daniel Kamen is a 23-year-old male who first presented to the Center for Sexual Medicine at the Boston Medical Center on 01/05/04. He has problems with curved erections and with erections that are only 50-60% of a rigid erection. He also has difficulty maintaining the erection. He states he has no problem with spontaneity. He does note his morning erections also to be only 50-60% rigid. He has been in sexual situations. He doesn't feel confident in them because of the curvature and lack of rigidity. He does not want to risk failure. He also has diminished desire with limited thoughts and fantasies. Viagra has not been helpful. He had surgery in 1996 by Dr. Reddick for penile curvature. He still complains of penile curvature and there has been no change in erectile function because of the surgery at Children's Hospital.

Daniel denies any allergies to medications. His medications include Propecia since age 18 and Celexa.

Daniel was seen by our psychologist. This 23-year-old male reports curvature of the penis dating back to at least age 16. The patient had corrective surgery at that time but continues to feel distressed and embarrassed about the penile curvature. He also reports difficulty with ejaculation. He has not been with a partner for fear of rejection and shame about the penile curvature. In describing his ejaculatory difficulty, it appears that he may be fearful of further damage to his penis and has thus avoided any ongoing stimulation to the penile shaft. The patient is depressed and has some vague suicidal ideation. He is not suicidal at this time, however. He is under the care of a psychiatrist and is presently taking Celexa for depression. He has had two overdoses in the past although described these as attempts to numb his pain rather than attempts at ending his life. He further reports that he dropped out of college due to academic difficulties caused by his preoccupation with his sexual function. I strongly encouraged patient to continue with his psychiatrist and to continue therapy as an adjunct to medication. I have concerns for his safety over the long term should his physical problem remain.

**Re: Daniel Kamen**

January 15, 2004

Page 2

Daniel underwent duplex doppler ultrasonography to gain a better understanding of the nature of the erectile complaint. He was injected intracavernosally with 20 units of papaverine, phentolamine, and prostaglandin E1 and demonstrated a severe vasovagal reaction. The test was repeated with a higher dose of intracavernosal agents. The right cavernosal artery diameter was 1.0mm, the left 1.0mm. The luminal integrity was Grade 1 in each. There are perforators noted between the right and left cavernosal artery and right and left dorsal penile artery. The peak systolic velocity on the right cavernosal artery is 23.6cm/second and on the left 13.2cm/second. There is +/- end diastolic velocity. The dorsal artery diameter was 1.0mm on the right and 1.7mm on the left. The dorsal artery peak systolic velocity was 8.5cm/second on the right and 56.1cm/second on the left.

In summary, Daniel Kamen has cavernosal artery insufficiency and +/- corporal veno-occlusive dysfunction. He should undergo an office intracavernosal injection test to better understand if he has normal corporal veno-occlusive function.

On 01/06/04 Daniel returned to the office to undergo an office intracavernosal injection test. He was injected with 50 units of a very strong solution of papaverine, phentolamine, and prostaglandin E1. He did not achieve a vasovagal. He had persistent erection phenylephrine was required for detumescence. At this point the duplex ultrasound was repeated. The peak systolic velocity in the right cavernosal artery was 58.3cm/second and on the left it was 14.6cm/second. The left inferior epigastric artery peak systolic velocity was 21.3cm/second.

In summary, Daniel Kamen now has the diagnosis of cavernosal artery insufficiency with normal corporal veno-occlusive function. During erection he had a 40 degree bent penis and the question was to consider performing a Nesbit plication along with the penile revascularization procedure.

On 01/15/04 Daniel Kamen returned to the office to undergo dynamic cavernosometry which was performed to gain a better understanding of the nature of the erectile complaint. The systemic blood pressure was 117/63 with a mean of 83. His baseline intracavernosal pressure was 9mmHg. After administration of 1ml of high dose vasoactive agents his equilibrium pressure rose to 59mmHg. The flow to maintain the various corporal body pressure ranged from 2 to 8ml per minute. The decay was 67mmHg over 30 seconds. The right brachial artery systolic pressure was 134; at the same time the right cavernosal artery was 91mmHg. The left brachial artery was 134mmHg and the left cavernosal artery was 96mmHg. The gradients between the brachial and cavernosal arteries ranged from 38 to 42mmHg. Despite the patient achieving a vasovagal with blood pressures falling to 91/29mmHg, phenylephrine was indeed required to achieve detumescence.

**Re: Daniel Kamen**

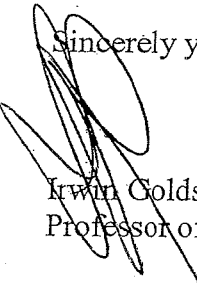
January 15, 2004

Page 3

In summary, Daniel Kamen has cavernosal artery insufficiency with normal corporal veno-occlusive function and significant gradients between the brachial and cavernosal arteries. He has a significant ventral bend in the penis and will likely need a combination of Nesbit plication and penile vascularization. Daniel will consider undergoing selective internal pudendal arteriography.

Many thanks.

Sincerely yours,



Irwin Goldstein, M.D.  
Professor of Urology

IG/ss

CC: Robert Oates, M.D.  
DOB 606

CC: Karim Hamawy, M.D.  
41 Mall Road  
Burlington, MA 01805

**Boston University  
School of Medicine****Center for  
Sexual Medicine**

Doctors Office Building  
720 Harrison Avenue  
Suite 600  
Boston, Massachusetts  
02118-2334  
Tel: 617 638-8576  
Fax: 617 638-8960

March 10, 2004

**Re: Daniel Kamen**  
**99 Burlington Street**  
**Lexington, MA 02420**

To Whom It May Concern:

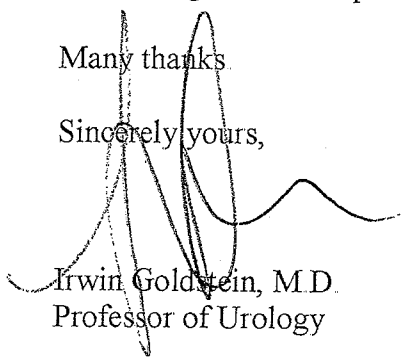
This is a letter concerning Daniel Kamen who has been evaluated for both Peyronie's disease secondary a congenital ventral curvature as well as erectile dysfunction which has been found to be consistent with cavernosal artery insufficiency with normal corporal veno-occlusive function. The combination of congenital ventral penile curvature and erectile dysfunction has caused great distress and embarrassment to the patient and he would like surgery to correct these two problems. He has been evaluated by several physicians including a pediatrician and several urologists.

Daniel's evaluation for erectile dysfunction is very classically consistent with blunt perineal trauma in the perineum. His selective arteriography shows a cutoff in the cavernosal artery in the region. His duplex ultrasound study shows diminished peak systolic velocity values and his dynamic cavernosometry shows gradients between the cavernosal and brachial arteries of approximately 40mmHg. Please see all copies of all the letters concerning Daniel Kamen's evaluation.

Because Daniel is only 24 years of age his treatment options for erectile dysfunction and congenital ventral penile curvature are limited. He has significant psychologic responses to the erectile dysfunction and he should make an excellent candidate for simultaneous microvascular arterial bypass surgery and Nesbit penile plication surgery. Should you have further questions concerning the contemplated surgeries, please do not hesitate to call me at (617) 638-8682.

Many thanks.

Sincerely yours,



Irwin Goldstein, M.D.  
Professor of Urology

IG/ss



Boston University  
School of Medicine

Center for  
Sexual Medicine

Doctors Office Building  
720 Harrison Avenue  
Suite 600  
Boston, Massachusetts  
02118-2334  
Tel: 617 638-8576  
Fax: 617 638-8960

March 15, 2004

**Re: Daniel Kamen**

To Whom It May Concern:

Daniel Kamen is a 24-year-old male who first presented to the Center for Sexual Medicine at the Boston Medical Center on 01/05/04. He is a 45 degree ventral curvature. He has erectile dysfunction. He has cavernosal artery insufficiency with normal corporal veno-occlusive function. He is here today to review blood test results. His IEA is present. His dorsal artery is present. His cavernosal artery is bilaterally present and there is a perforation between the deep and superficial aspects of the genitals.

I reviewed with Daniel the issue of possible reconstruction problems because of the tight quarters. He will consider a Nesbit first and the standard penile revascularization second.

Many thanks.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Irwin Goldstein'.

Irwin Goldstein, M.D.  
Professor of Urology

IG/ss





**Boston University  
School of Medicine**

**Institute for  
Sexual Medicine**

Doctors Office Building  
720 Harrison Avenue  
Suite 600  
Boston, Massachusetts  
02118-2334  
Tel: 617 638-8576  
Fax: 617 638-8960

April 13, 2004

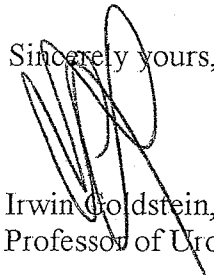
**Re: Daniel Kamen**

To Whom It May Concern:

Daniel Kamen is a 24-year-old male who first presented to the Center for Sexual Medicine at the Boston Medical Center on January 5, 2004. He has 45 degrees of ventral curvature. He has erectile dysfunction secondary to cavernosal artery insufficiency with normal corporal veno-occlusive function. Today, he underwent preoperative history and physical and I reviewed with him the preop and postop course. I reviewed with him the risks and benefits. Numerous questions were answered. I showed Daniel the surgical pictures and he has a vasovagal response. This is multiple vasovagal responses for this patient during his visits to the Center for Sexual Medicine.

Many thanks.

Sincerely yours,

  
Irwin Goldstein, M.D.  
Professor of Urology

IG/ss



**Boston University  
School of Medicine**

**Center for  
Sexual Medicine**

Doctors Office Building  
720 Harrison Avenue  
Suite 600  
Boston, Massachusetts  
02118-2334  
Tel: 617 638-8576  
Fax: 617 638-8960

April 20, 2004

**Re: Daniel Kamen**

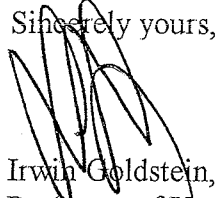
To Whom It May Concern:

Daniel Kamen is a 24-year-old male who first presented to the Center for Sexual Medicine at the Boston Medical Center on 01/05/04. He has a history of a congenital ventral curvature and erectile dysfunction with cavernosal artery insufficiency with normal corporal veno-occlusive function. He underwent at one sitting a Nesbit plication with a microvascular arterial bypass surgery involving anastomosis of the right inferior epigastric artery to the left dorsal penile artery. The procedure went well and was approximately 6 hours in duration. There were no complications.

I will see Daniel in frequent follow-up.

Many thanks

Sincerely yours,

  
Irwin Goldstein, M.D.  
Professor of Urology

IG/ss



**Boston University  
School of Medicine**

**Center for  
Sexual Medicine**

Doctors Office Building  
720 Harrison Avenue  
Suite 600  
Boston, Massachusetts  
02118-2334  
Tel: 617 638-8576  
Fax: 617 638-8960

April 30, 2004

**Re: Daniel Kamen**  
**99 Burlington Street**  
**Lexington, MA 02420**

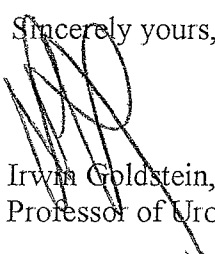
To Whom It May Concern:

Daniel Kamen is a 24-year-old male who first presented to the Center for Sexual Medicine at the Boston Medical Center on 01/05/04. He underwent a Nesbit plication and microvascular arterial bypass surgery on 04/20/04. He is here for his ten day follow-up and to remove staples. He is happy. There were no complications. The erections are straighter. He is having some AM erections with improved rigidity. Numerous questions were reviewed.

He will return to the office at six weeks for follow-up. He understands the restrictions for postop management.

Many thanks.

Sincerely yours,

  
Irwin Goldstein, M.D.  
Professor of Urology

IG/ss

**Boston University  
School of Medicine****Center for  
Sexual Medicine**

Doctors Office Building  
720 Harrison Avenue  
Suite 600  
Boston, Massachusetts  
02118-2334  
Tel: 617 638-8576  
Fax: 617 638-8960

June 10, 2004

**Re: Daniel Kamen  
88 Burlington Street  
Lexington, MA 02420**

To Whom It May Concern:

Daniel Kamen is a 24-year-old male who has had lifetime sexual problems. In 1996 at Children's Hospital he had surgery for penile curvature which was not successful. He persisted in having penile curvature and then erectile dysfunction with diminished rigidity. He is here for his 6-week follow-up after having undergone both Nesbit penile plication and anastomosis of the right inferior epigastric artery to the left dorsal penile artery.

Duplex ultrasound study shows excellent flow across the anastomosis and excellent flow in the dorsal arteries. He has seen improved penile erections and improvement in the penile curvature.

I reviewed with him his androgens from 01/27/04. His androstenedione is 1.9 (0.6-2.7), FSH 3, LH 4, PSA 0.3, TSH 0.51, total testosterone 620 (400-1000), free testosterone 536 (18-900), SHBG 24 (13-71), DHEA-S 275 (50-500) and prolactin is 10.

In summary, Daniel Kamen is now cleared for physical and sexual activity. He will return to the office in six weeks. He will work with our psychologist, Dr. Ducharme, to improve confidence and strategies for sexual activity. He presently has no partner. Daniel will return to the office in six weeks' follow-up.

Many thanks.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Irwin Goldstein".

Irwin Goldstein, M.D.  
Professor of Urology

IG/ss



Boston University  
School of Medicine

Center for  
Sexual Medicine

Doctors Office Building  
720 Harrison Avenue  
Suite 600  
Boston, Massachusetts  
02118-2334  
Tel: 617 638-8576  
Fax: 617 638-8960

July 23, 2004

**Re: Daniel Kamen**  
**99 Burlington Street**  
**Lexington, MA 02420**

To Whom It May Concern:

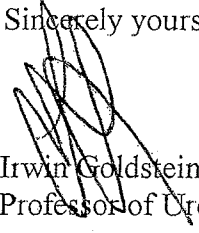
Daniel Kamen is a 24-year-old male who in 1996 had surgery at Children's Hospital for penile curvature. There was a significant psychologic reaction to the surgery which still left the patient with a bent penis. Recently he decided to undergo reconstruction. On 04/20/04 he underwent both Nesbit procedure and microvascular arterial bypass surgery for a vasculogenic erectile dysfunction. He is now approximately 3 months post op and very satisfied with his surgery. However, not too much has changed since his last visit. He has had no relationships and has not masturbated. He has two jobs and is very busy. He is working with Dr. Ducharme every other week. He is happy.

His duplex ultrasound again shows much increase in blood flow.

In summary, Daniel will continue with psychologic intervention. He needs additional confidence. He will return to the office for his 6-month follow-up.

Many thanks.

Sincerely yours,

  
Irwin Goldstein, M.D.  
Professor of Urology

IG/ss

B O S T O N U N I V E R S I T Y M E D I C A L C E N T E R  
BOSTON UNIVERSITY SCHOOL OF MEDICINE • SCHOOL OF PUBLIC HEALTH • BOSTON UNIVERSITY GOLDMAN SCHOOL OF DENTAL MEDICINE • BOSTON MEDICAL CENTER



**Boston University**  
**School of Medicine**

**Center for**  
**Sexual Medicine**

Doctors Office Building  
720 Harrison Avenue  
Suite 600  
Boston, Massachusetts  
02118-2334  
Tel: 617 638-8576  
Fax: 617 638-8960

November 5, 2004

**Re: Daniel Kamen**  
**99 Burlington Street**  
**Lexington, MA 02420**

To Whom It May Concern:

Daniel Kamen is a 24-year-old male who is now six months postop combination of Nesbit plication and microvascular arterial bypass surgery performed on 04/20/04 for erectile dysfunction and penile curvature. The patient is extremely shy. He is working with Dr. Ducharme for self-esteem and interpersonal issues. He is on Celexa and doing well on this. He is moving in the right direction. He is happy with his slow progress. He has an issue with gambling but feels he is more in control. He is not, however, sexual. He does not masturbate and does not feel the need to masturbate.

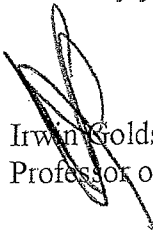
I discussed the issue of going to procure some pornographic material, such as at "Grand Openings" in Brookline to aid him in starting to masturbate and gain self confidence and erectile function.

Today Daniel underwent an office intracavernosal injection test with 0.1 units of Mixture #5 and he had excellent flow in his anastomosis. His physical examination is unremarkable. Wounds have healed well.

He will continue with psychological intervention. He will use PD5 inhibitors. He will return to the office in three months.

Many thanks.

Sincerely yours,

  
Irwin Goldstein, M.D.  
Professor of Urology

IG/ss